

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

1200 NEW HAMPSHIRE AVE NW

SUITE 750

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M /

D D /

Y Y Y Y Y Y

11

08

2016

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

10

01

2016

through

M M /

D D /

Y Y Y Y Y Y

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Buchanan, Emily, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

27

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                      |
|---|---|--|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2016</span> |   | <span style="border: 1px solid black; padding: 2px;">496911.89</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">666832.81</span> |  |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">260111.02</span> | <span style="border: 1px solid black; padding: 2px;">1142892.60</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">926943.83</span> | <span style="border: 1px solid black; padding: 2px;">1639804.49</span> |
| 7. Total Disbursements (from Line 31).....  | <span style="border: 1px solid black; padding: 2px;">520045.72</span> | <span style="border: 1px solid black; padding: 2px;">1232906.38</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....  | <span style="border: 1px solid black; padding: 2px;">406898.11</span> | <span style="border: 1px solid black; padding: 2px;">406898.11</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">34024.16</span>  |  |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 9 |   | 2 | 0 | 1 | 6 |

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees<br>(i) Itemized (use Schedule A).....            | 260000.00                     | 1114282.43                        |
| (ii) Unitemized .....   | 111.02                        | 17966.44                          |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)).....▶  | 260111.02                     | 1132248.87                        |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines<br>11(a)(iii), (b), and (c)) (Carry<br>Totals to Line 33, page 5) .....  | 260111.02                     | 1132248.87                        |
| 12. Transfers From Affiliated/Other<br>Party Committees.....  | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5)..... | 0.00                          | 10643.73                          |
| 16. Refunds of Contributions Made<br>to Federal Candidates and Other<br>Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.).....  | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account<br>(from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d),<br>12, 13, 14, 15, 16, 17, and 18(c)) .....                            | 260111.02                     | 1142892.60                        |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19) .....                                      | 260111.02                     | 1142892.60                        |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 125984.29                     | 479527.28                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 125984.29                     | 479527.28                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 394061.43                     | 753379.10                         |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 520045.72                     | 1232906.38                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 520045.72                     | 1232906.38                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 260111.02                             | 1132248.87                                |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 260111.02                             | 1132248.87                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 125984.29                             | 479527.28                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 10643.73                                  |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 125984.29                             | 468883.55                                 |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Birkenstock, Veronica, T., ,**

Mailing Address 12300 Winding Hollow Lane

City  
Frisco

State  
TX

Zip Code  
75033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Practical Employee Solutions

Occupation (for Individual)  
President

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.6740

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Susan B Anthony List, Inc.**

Mailing Address 1200 New Hampshire Ave NW  
Ste 750

City  
Washington

State  
DC

Zip Code  
20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491682.43

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.6741

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260000.00

260000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City  
SpokaneState  
WAZip Code  
99202Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 05    |   | 2016      |

FEC Identification Number

**C****Transaction ID : SB21B.6711**

Amount of Each Disbursement this Period

2394.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City  
SpokaneState  
WAZip Code  
99202Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 17    |   | 2016      |

FEC Identification Number

**C****Transaction ID : SB21B.6755**

Amount of Each Disbursement this Period

6054.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ashley, Michelle, , ,**

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 03    |   | 2016      |

FEC Identification Number

**C****Transaction ID : SB21B.6710**

Amount of Each Disbursement this Period

396.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8845.79

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Ashley, Michelle, , ,**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 18    |   | 2016        |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6725**

Amount of Each Disbursement this Period

391.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 03    |   | 2016        |

Mailing Address P.O. Box 947

City  
American ForkState  
UTZip Code  
84003-0947Purpose of Disbursement  
Credit card processing fees

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6729**

Amount of Each Disbursement this Period

187.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 04    |   | 2016        |

Mailing Address P.O. Box 947

City  
American ForkState  
UTZip Code  
84003-0947Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6730**

Amount of Each Disbursement this Period

42.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

621.88



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Blevio, Chrissy, , ,**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 18 |   |   | 2016 |   |   |   |   |   |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6719**

Amount of Each Disbursement this Period

400.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 06 |   |   | 2016 |   |   |   |   |   |

Mailing Address 1445 McLaughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Wire fees

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6731**

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 14 |   |   | 2016 |   |   |   |   |   |

Mailing Address 1445 McLaughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Wire Fees

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6733**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

720.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Design 4 Advertising**

Mailing Address 106 N Collins St

City  
Plant CityState  
FLZip Code  
33563Purpose of Disbursement  
Website editing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 17    |   | 2016      |

FEC Identification Number

**C****Transaction ID : SB21B.6734**

Amount of Each Disbursement this Period

665.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Edson, Timothy, , ,**

Mailing Address 836 5th St NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 05    |   | 2016      |

FEC Identification Number

**C****Transaction ID : SB21B.6718**

Amount of Each Disbursement this Period

3006.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Escalante, Eileen, , ,**

Mailing Address 1200 New Hampshire Ave

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 03    |   | 2016      |

FEC Identification Number

**C****Transaction ID : SB21B.6707**

Amount of Each Disbursement this Period

323.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3995.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Fitzgerald, Tami, , ,**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 6 |   |   |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6717**

Amount of Each Disbursement this Period

186.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fitzgerald, Tami, , ,**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 8 |   |   | 2 | 0 | 1 | 6 |   |   |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6726**

Amount of Each Disbursement this Period

652.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Greco, Grayson, , ,**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 6 |   |   |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6713**

Amount of Each Disbursement this Period

180.19

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1019.11

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Greco, Grayson, , ,**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 18    |   | 2016        |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
TypeOffice Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6720**

Amount of Each Disbursement this Period

424.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Headway Workforce Solutions**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 19    |   | 2016        |

Mailing Address 421 Fayetteville St #1020

City  
RaleighState  
NCZip Code  
27601Purpose of Disbursement  
Director Pay

Candidate Name

Category/  
TypeOffice Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6758**

Amount of Each Disbursement this Period

41769.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Headway Workforce Solutions**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 19    |   | 2016        |

Mailing Address 421 Fayetteville St #1020

City  
RaleighState  
NCZip Code  
27601Purpose of Disbursement  
Headway Fees

Candidate Name

Category/  
TypeOffice Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6759**

Amount of Each Disbursement this Period

61872.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

104066.48

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Hollar, Jeremy, , ,**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 05 |   |   | 2016 |   |   |   |   |   |

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6715**

Amount of Each Disbursement this Period

348.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hollar, Jeremy, , ,**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 18 |   |   | 2016 |   |   |   |   |   |

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6722**

Amount of Each Disbursement this Period

465.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. i360**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 14 |   |   | 2016 |   |   |   |   |   |

Mailing Address P.O. Box 37046

City  
BaltimoreState  
MDZip Code  
21297-3046Purpose of Disbursement  
Subscription

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6732**

Amount of Each Disbursement this Period

1900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2713.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2700 Coast Ave

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 03 |   |   | 2016 |   |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6727**

Amount of Each Disbursement this Period

15.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kirkman, Jason, , ,**Mailing Address 1200 NEw Hampshire Ave  
Ste 750City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 05 |   |   | 2016 |   |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6714**

Amount of Each Disbursement this Period

306.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kirkman, Jason, , ,**Mailing Address 1200 NEw Hampshire Ave  
Ste 750City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 18 |   |   | 2016 |   |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6721**

Amount of Each Disbursement this Period

465.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

787.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Love, Julie, , ,**

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
washingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 03 |   |   | 2016 |   |   |   |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6708**

Amount of Each Disbursement this Period

335.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Love, Julie, , ,**

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
washingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 18 |   |   | 2016 |   |   |   |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6723**

Amount of Each Disbursement this Period

334.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Miller, Desiree, , ,**Mailing Address 1200 New Hampshire Ave, NW  
Suite 750City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 05 |   |   | 2016 |   |   |   |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6712**

Amount of Each Disbursement this Period

131.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

801.30

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Parker, Mary, , ,**

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 03    |   | 2016        |

FEC Identification Number

**C****Transaction ID : SB21B.6709**

Amount of Each Disbursement this Period

736.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Parker, Mary, , ,**

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 18    |   | 2016        |

FEC Identification Number

**C****Transaction ID : SB21B.6724**

Amount of Each Disbursement this Period

917.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex**Mailing Address 3060 Williams Dr  
#200City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
payroll fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 03    |   | 2016        |

FEC Identification Number

**C****Transaction ID : SB21B.6728**

Amount of Each Disbursement this Period

55.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1709.13



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 51

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Williams, Petrina, , ,**

Date of Disbursement

|    |   |  |    |   |  |      |   |   |   |   |   |
|----|---|--|----|---|--|------|---|---|---|---|---|
| M  | M |  | D  | D |  | Y    | Y | Y | Y | Y | Y |
| 10 |   |  | 05 |   |  | 2016 |   |   |   |   |   |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.6716**

Amount of Each Disbursement this Period

703.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|   |   |  |   |   |  |   |   |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|---|---|
| M | M |  | D | D |  | Y | Y | Y | Y | Y | Y |
|   |   |  |   |   |  |   |   |   |   |   |   |

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|   |   |  |   |   |  |   |   |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|---|---|
| M | M |  | D | D |  | Y | Y | Y | Y | Y | Y |
|   |   |  |   |   |  |   |   |   |   |   |   |

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

703.63

125984.29

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 51

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 51

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Expense put on SBA CC

Mailing Address 1200 New Hampshire Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6756

Amount Incurred This Period

4709.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

13319.73

2) **TOTALS** This Period (last page this line number only)..... ►

34024.16

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

34024.16

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 51  
 FOR LINE 24 OF FORM 3X

|   |  |                    |  |   |  |
|---|--|--------------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |                    |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |  |                    |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Alaska Air</b>   |  |                    | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address <b>Po Box 68900</b>   |  |                    | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |   |  |
| City<br><b>Seattle</b>  |  | State<br><b>WA</b> |  | Zip Code<br><b>98168</b>  |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |  |                    | Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>  |   |  |
| Amount<br><span style="border: 1px solid black; padding: 2px;">119.10</span>  |  |                    | Transaction ID : <b>SE.6679</b>  |   |  |
| Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |  |                    | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016  |   |  |
| Name of Federal Candidate:<br><b>LEE, MIKE, , ,</b>   |  |                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">119.10</span>  |  |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |   |  |
| Full Name of Payee<br><b>Alaska Air</b>   |  |                    | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address <b>Po Box 68900</b>   |  |                    | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |   |  |
| City<br><b>Seattle</b>  |  | State<br><b>WA</b> |  | Zip Code<br><b>98168</b>  |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |  |                    | Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>  |   |  |
| Amount<br><span style="border: 1px solid black; padding: 2px;">119.10</span>  |  |                    | Transaction ID : <b>SE.6682</b>  |   |  |
| Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |  |                    | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016  |   |  |
| Name of Federal Candidate:<br><b>LOVE, MIA, , ,</b>   |  |                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>UT</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6344.78</span>   |  |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |                    | <span style="border: 1px solid black; padding: 2px;">238.20</span>   |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |  |                    | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| (a) TOTAL Independent Expenditures .....  |  |                    | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                    |  |   |  |
| Signature <u>Buchanan, Emily, , ,</u><br>[Electronically Filed]   |  |                    | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016   |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 21 OF 51  
 FOR LINE 24 OF FORM 3X

|   |  |                        |  |   |   |
|---|--|------------------------|--|---|---|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |                        |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |  |                        |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |   |
| Full Name of Payee<br><b>American Airlines</b>  |  |                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |   |   |
| Mailing Address 1101 17th NW<br>#600  |  |                        | Amount<br><span style="border: 1px solid black; padding: 2px;">180.60</span>   |   |   |
| City<br>Washington  |  | State<br>DC            | Zip Code<br>20036  |   | Transaction ID : <b>SE.6704</b>   |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17  |  |                        | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span>  |   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016 |
| Name of Federal Candidate:<br>LEE, MIKE, , ,  |  |                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ |   |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14302.70</span>  |  |                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ►  |   |   |
| Full Name of Payee<br><b>American Airlines</b>  |  |                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |   |   |
| Mailing Address 1101 17th NW<br>#600  |  |                        | Amount<br><span style="border: 1px solid black; padding: 2px;">180.60</span>   |   |   |
| City<br>Washington  |  | State<br>DC            | Zip Code<br>20036  |   | Transaction ID : <b>SE.6706</b>   |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17  |  |                        | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span>  |   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016 |
| Name of Federal Candidate:<br>LOVE, MIA, , ,  |  |                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ |   |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">20528.37</span>  |  |                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ►  |   |   |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |                        | <span style="border: 1px solid black; padding: 2px;">361.20</span>   |   |   |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |  |                        | <span style="border: 1px solid black; padding: 2px;"></span>   |   |   |
| (a) TOTAL Independent Expenditures .....  |  |                        | <span style="border: 1px solid black; padding: 2px;"></span>   |   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                        |  |   |   |
| Signature<br><i>Buchanan, Emily, , ,</i>  |  | [Electronically Filed] |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |   |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 51  
 FOR LINE 24 OF FORM 3X

|   |             |   |   |  |  |
|---|-------------|---|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> |  |
| Full Name of Payee<br><b>American Marketing &amp; Publishing</b>  |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 05 / 2016                       |  |  |
| Mailing Address<br>7380 Sprout Springs Rd<br>Ste 210-248  |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">0.00</span>  |  |  |
| City<br>Flowery Branch  | State<br>GA | Zip Code<br>30542   | Transaction ID : <b>SE.6502</b>   |  |  |
| Purpose of Expenditure<br>Door Hangers  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">006</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 05 / 2016                              |  |  |
| Name of Federal Candidate:<br>MURPHY, PATRICK E, ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">35217.40</span>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |  |  |
| Full Name of Payee<br><b>American Marketing &amp; Publishing</b>  |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 05 / 2016                       |  |  |
| Mailing Address<br>7380 Sprout Springs Rd<br>Ste 210-248  |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">3081.25</span>   |  |  |
| City<br>Flowery Branch  | State<br>GA | Zip Code<br>30542   | Transaction ID : <b>SE.6513</b>   |  |  |
| Purpose of Expenditure<br>Door Hangers-OH   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">006</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 05 / 2016                              |  |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____     |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">197913.50</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;">3081.25</span>   |  |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |  |  |
| (a) TOTAL Independent Expenditures .....  |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |  |
| Signature<br><i>Buchanan, Emily, ,</i>  |             | [Electronically Filed]  |   | Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 23 OF 51  
 FOR LINE 24 OF FORM 3X

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |  |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>  |             |  |  | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>      |  |
| Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span><br><b>American Marketing &amp; Publishing</b>  |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>                             |  |  |
| Mailing Address 7380 Sprout Springs Rd<br>Ste 210-248   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">3081.25</div>   |  |  |
| City<br>Flowery Branch  | State<br>GA | Zip Code<br>30542  | <b>Transaction ID : SE.6515</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> |  |  |
| Purpose of Expenditure<br>Door Hangers  |             | Category/<br>Type 006  | Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span><br>STRICKLAND, TED, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; text-align: right;">49558.03</div>  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____   |  |  |
| Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span><br><b>American Marketing &amp; Publishing</b>  |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>                             |  |  |
| Mailing Address 7380 Sprout Springs Rd<br>Ste 210-248   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">6805.38</div>   |  |  |
| City<br>Flowery Branch  | State<br>GA | Zip Code<br>30542  | <b>Transaction ID : SE.6519</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> |  |  |
| Purpose of Expenditure<br>Door Hangers  |             | Category/<br>Type 006  | Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span><br>CLINTON, HILLARY RODHAM, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | <div style="border: 1px solid black; padding: 2px; text-align: right;">204718.88</div> | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____  |  |  |
| <b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>  |             |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">9886.63</div>   |  |  |
| <b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>  |             |  | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>   |  |  |
| <b>(a) TOTAL Independent Expenditures .....</b>   |             |  | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |  |  |
| Signature <i>Buchanan, Emily, , ,</i>   |             | [Electronically Filed]   |  | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |  |                      |   |   |                                 |
|---|--|----------------------|---|---|---------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |                      |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |                                 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |  |                      |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                       |                                 |
| Full Name of Payee<br><b>American Marketing &amp; Publishing</b>  |  |                      | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 05 / 2016              |   |                                 |
| Mailing Address<br>7380 Sprout Springs Rd<br>Ste 210-248  |  |                      | Amount<br><span style="border: 1px solid black; padding: 2px;">6805.38</span>   |   |                                 |
| City<br>Flowery Branch  |  | State<br>GA          | Zip Code<br>30542   |   | Transaction ID : <b>SE.6747</b> |
| Purpose of Expenditure<br>Door Hangers- Florida   |  | Category/Type<br>006 |   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 05 / 2016 |                                 |
| Name of Federal Candidate:<br>MURPHY, PATRICK E, , ,  |  |                      | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b> |   |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |                      | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶               |   |                                 |
| Full Name of Payee<br><b>American Marketing &amp; Publishing</b>  |  |                      | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 14 / 2016              |   |                                 |
| Mailing Address<br>7380 Sprout Springs Rd<br>Ste 210-248  |  |                      | Amount<br><span style="border: 1px solid black; padding: 2px;">3081.25</span>   |   |                                 |
| City<br>Flowery Branch  |  | State<br>GA          | Zip Code<br>30542   |   | Transaction ID : <b>SE.6553</b> |
| Purpose of Expenditure<br>Door Hangers- MO  |  | Category/Type<br>006 |   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 14 / 2016 |                                 |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |  |                      | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____     |   |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |                      | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶               |   |                                 |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |                      | <span style="border: 1px solid black; padding: 2px;">9886.63</span>   |   |                                 |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |  |                      | <span style="border: 1px solid black; padding: 2px;"></span>  |   |                                 |
| (a) TOTAL Independent Expenditures .....  |  |                      | <span style="border: 1px solid black; padding: 2px;"></span>  |   |                                 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                      |   |   |                                 |
| Signature <u>Buchanan, Emily, , ,</u><br><div style="text-align: right;">[Electronically Filed]</div>   |  |                      | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |   |                                 |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |  |   |  |
|---|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b>   |             |   |  | New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>                                   |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>American Marketing &amp; Publishing</b>   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 14 / 2016  |   |  |
| Mailing Address 7380 Sprout Springs Rd<br>Ste 210-248   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3081.25</div>   |   |  |
| City<br>Flowerly Branch   | State<br>GA | Zip Code<br>30542   | <b>Transaction ID : SE.6555</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 14 / 2016  |   |  |
| Purpose of Expenditure<br>Door Hangers- MO  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">006</span> |  |   |  |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |             |   | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President    State: <b>MO</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">7444.98</span>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |   |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Campaign Graphics</b>   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 17 / 2016  |   |  |
| Mailing Address 1229 N. Wakonda Street  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">423.48</div>  |   |  |
| City<br>Flagstaff   | State<br>AZ | Zip Code<br>86004   | <b>Transaction ID : SE.6672</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 17 / 2016  |   |  |
| Purpose of Expenditure<br>T-Shirts  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">006</span> |  |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |   | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: _____<br>State: _____                                       |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">250837.34</span>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |   |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3504.73</div>   |   |  |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| <b>(a) TOTAL</b> Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |   |  |
| Signature <i>Buchanan, Emily, , ,</i>   |             | [Electronically Filed]  |  | Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 27 / 2016   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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|   |             |   |  |                        |
|---|-------------|---|--|------------------------|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>  |                        |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>   |             |   |  |                        |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Campaign Graphics</b>   |             |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>                                      |                        |
| Mailing Address 1229 N. Wakonda Street  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">423.48</div>  |                        |
| City<br>Flagstaff   | State<br>AZ | Zip Code<br>86004   | <b>Transaction ID : SE.6673</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>          |                        |
| Purpose of Expenditure<br>T-Shirts- MO  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>                      |  |                        |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |             |   | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MO        |                        |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">45368.46</div>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |                        |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Campaign Graphics</b>   |             |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>                                      |                        |
| Mailing Address 1229 N. Wakonda Street  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">423.48</div>  |                        |
| City<br>Flagstaff   | State<br>AZ | Zip Code<br>86004   | <b>Transaction ID : SE.6674</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>          |                        |
| Purpose of Expenditure<br>T-Shirts- FL  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>                      |  |                        |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |   | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ |                        |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">251260.82</div>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |                        |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">846.96</div>  |                        |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |                        |
| <b>(a) TOTAL</b> Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |                        |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |                        |
| Signature <u>Buchanan, Emily, , ,</u>   |             | Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 27 / 2016</div> </div> |  | [Electronically Filed] |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>   |  |
| Full Name of Payee<br><b>Campaign Graphics</b> <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016              |  |
| Mailing Address 1229 N. Wakonda Street  |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">423.48</span>  |  |
| City<br>Flagstaff   | State<br>AZ | Zip Code<br>86004   | Transaction ID : <b>SE.6675</b>   |  |
| Purpose of Expenditure<br>T-Shirts- FL  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">006</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016                     |  |
| Name of Federal Candidate:<br>MURPHY, PATRICK E, , ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">43196.26</span>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |  |
| Full Name of Payee<br><b>Delta Airlines</b> <input type="checkbox"/> Memo Item  |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016              |  |
| Mailing Address 1030 Delta Blvd   |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">1398.85</span>   |  |
| City<br>Atlanta   | State<br>GA | Zip Code<br>30354   | Transaction ID : <b>SE.6684</b>   |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016                     |  |
| Name of Federal Candidate:<br>LEE, MIKE, , ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1517.95</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;">1822.33</span>   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |  |
| (a) TOTAL Independent Expenditures .....  |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| Signature <u>Buchanan, Emily, , ,</u>   |             |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |  |
| [Electronically Filed]  |             |   |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |  |                        |  |  |  |
|---|--|------------------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |                        |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |  |                        |  | New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Delta Airlines</b>   |  |                        | <input type="checkbox"/> Memo Item   |  |  |
| Mailing Address<br>1030 Delta Blvd  |  |                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |  |  |
| City<br>Atlanta   |  | State<br>GA            | Zip Code<br>30354  |  |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |  |                        | Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>  |  |  |
| Name of Federal Candidate:<br>LOVE, MIA, , ,  |  |                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>District: 04 State: UT |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |                        | <span style="border: 1px solid black; padding: 2px;">7743.63</span><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶             |  |  |
| Full Name of Payee<br><b>Enterprise Rent a Car</b>  |  |                        | <input type="checkbox"/> Memo Item   |  |  |
| Mailing Address<br>843 State Street   |  |                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016   |  |  |
| City<br>Salt Lake City  |  | State<br>UT            | Zip Code<br>84111  |  |  |
| Purpose of Expenditure<br>Rental cars for canvassing deployment 10/15-10/17, originally reported as \$2000  |  |                        | Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>  |  |  |
| Name of Federal Candidate:<br>LEE, MIKE, , ,  |  |                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>District: State: UT    |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |                        | <span style="border: 1px solid black; padding: 2px;">3144.02</span><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶             |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |                        | <span style="border: 1px solid black; padding: 2px;">3024.92</span>  |  |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |  |                        | <span style="border: 1px solid black; padding: 2px;"></span>   |  |  |
| (a) TOTAL Independent Expenditures .....  |  |                        | <span style="border: 1px solid black; padding: 2px;"></span>   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                        |  |  |  |
| Signature<br><i>Buchanan, Emily, , ,</i>  |  | [Electronically Filed] |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016                                     |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |                    |  |  |   |  |
|---|--------------------|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |                    |  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |                    |  |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Enterprise Rent a Car</b>  |                    |  | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address<br><b>843 State Street</b>  |                    |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br><b>10 / 15 / 2016</b>  |   |  |
| City<br><b>Salt Lake City</b>   | State<br><b>UT</b> | Zip Code<br><b>84111</b>   | Amount<br><span style="border: 1px solid black; padding: 2px;">1626.07</span>  |   |  |
| Purpose of Expenditure<br>Rental cars for canvassing deployment 10/15-10/17, originally reported as 2000  |                    | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6689</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br><b>10 / 15 / 2016</b>  |   |  |
| Name of Federal Candidate:<br><b>LOVE, MIA, , ,</b>   |                    |  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>04</b> State: <b>UT</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9369.70</span>   |                    |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |   |  |
| Full Name of Payee<br><b>Hampton Inn</b>  |                    |  | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address<br><b>250 North Andrews Ave</b>   |                    |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br><b>10 / 15 / 2016</b>  |   |  |
| City<br><b>Fort Lauderdale</b>  | State<br><b>FL</b> | Zip Code<br><b>33301</b>   | Amount<br><span style="border: 1px solid black; padding: 2px;">750.00</span>   |   |  |
| Purpose of Expenditure<br>Lodging 10/15-10/17   |                    | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6676</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br><b>10 / 15 / 2016</b>  |   |  |
| Name of Federal Candidate:<br><b>CLINTON, HILLARY RODHAM, , ,</b>   |                    |  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: _____ State: _____         |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">212913.86</span>   |                    |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |                    |  | <span style="border: 1px solid black; padding: 2px;">2376.07</span>  |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |                    |  | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| (a) TOTAL Independent Expenditures .....  |                    |  | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |                    |  |  |   |  |
| Signature <u>Buchanan, Emily, , ,</u><br>_____  |                    | [Electronically Filed]   |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br><b>10 / 27 / 2016</b>     |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |  |             |  |   |  |   |  |   |  |  |  |
|---|--|-------------|--|---|--|---|--|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |             |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |   |  |   |  |  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>  |  |             |  |   |  |   |  |   |  |  |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Hampton Inn</b>   |  |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016  |  |   |  |   |  |  |  |
| Mailing Address 250 North Andrews Ave   |  |             |  | Amount<br><span style="border: 1px solid black; padding: 2px;">750.00</span>  |  |   |  |   |  |  |  |
| City<br>Fort Lauderdale   |  | State<br>FL |  | Zip Code<br>33301   |  |   |  |   |  |  |  |
| Purpose of Expenditure<br>Lodging 10/15-10/17   |  |             |  | Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>   |  |   |  |   |  |  |  |
| Name of Federal Candidate:<br>MURPHY, PATRICK E, , ,  |  |             |  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: FL        |  |   |  |   |  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">42772.78</span>  |  |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |  |   |  |   |  |  |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Headway Workforce Solutions</b>   |  |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |  |   |  |   |  |  |  |
| Mailing Address 421 Fayetteville St #1020   |  |             |  | Amount<br><span style="border: 1px solid black; padding: 2px;">60493.39</span>  |  |   |  |   |  |  |  |
| City<br>Raleigh   |  | State<br>NC |  | Zip Code<br>27601   |  |   |  |   |  |  |  |
| Purpose of Expenditure<br>Payroll Estimate for FL Canvassers 10/1-10/19   |  |             |  | Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>   |  |   |  |   |  |  |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |  |             |  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |  |   |  |   |  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">68971.25</span>  |  |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |  |   |  |   |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;">61243.39</span></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"></span></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"></span></td> </tr> </table> |  |             |  |   |  | (a) SUBTOTAL of Itemized Independent Expenditures ..... | ▶ <span style="border: 1px solid black; padding: 2px;">61243.39</span> | (a) SUBTOTAL of Unitemized Independent Expenditures ..... | ▶ <span style="border: 1px solid black; padding: 2px;"></span> | (a) TOTAL Independent Expenditures ..... | ▶ <span style="border: 1px solid black; padding: 2px;"></span> |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | ▶ <span style="border: 1px solid black; padding: 2px;">61243.39</span> |             |  |   |  |   |  |   |  |  |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   | ▶ <span style="border: 1px solid black; padding: 2px;"></span>         |             |  |   |  |   |  |   |  |  |  |
| (a) TOTAL Independent Expenditures .....  | ▶ <span style="border: 1px solid black; padding: 2px;"></span>         |             |  |   |  |   |  |   |  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |  |             |  |   |  |   |  |   |  |  |  |
| Signature <u>Buchanan, Emily, , ,</u>   |  |             |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |  |   |  |   |  |  |  |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |  |   |   |  |
|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |  |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">60493.39</span>  |   |  |
| Purpose of Expenditure<br>Payroll Estimate for FL Canvassers 10/1-10/19   |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6454</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| Name of Federal Candidate:<br>MURPHY, PATRICK E, , ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">129464.64</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">4153.84</span>   |   |  |
| Purpose of Expenditure<br>Mileage Estimate for FL Canvassers 10/1-10/26, originally reported \$7500 as an estimat   |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6456</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">133618.48</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;">64647.23</span>  |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |   |   |  |
| Buchanan, Emily, , ,<br>Signature   |             | [Electronically Filed]   |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |  |   |   |  |
|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |  |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">4153.84</span>   |   |  |
| Purpose of Expenditure<br>Mileage Estimate for FL Canvassers 10/1-10/26, originally reported \$7500 as an estimate  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6458</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| Name of Federal Candidate:<br>MURPHY, PATRICK E, , ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4153.84</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">33920.95</span>  |   |  |
| Purpose of Expenditure<br>Payroll estimate for Canvassers 10/1-10/296, originally reported \$69857.81 as an estimate  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span> | Transaction ID : <b>SE.6464</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____<br>State: _____                                |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">167539.43</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;">38074.79</span>  |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |   |   |  |
| Buchanan, Emily, , ,<br>Signature   |             |  | [Electronically Filed]<br>Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |   |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 33 OF 51  
 FOR LINE 24 OF FORM 3X

|   |             |  |   |   |  |
|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |  |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">33920.95</span>  |   |  |
| Purpose of Expenditure<br>Payroll estimate for Canvassers 10/1-10/296, originally reported \$69857.81 as an estimate  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span> | Transaction ID : <b>SE.6466</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| Name of Federal Candidate:<br>ROSS, DEBORAH K, ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">38074.79</span>  |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">5896.94</span>   |   |  |
| Purpose of Expenditure<br>Mileage estimate for Canvassers 10/1-10/26, originally reported as \$9375 as an estimate  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6468</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____                                   |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">173436.37</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;">39817.89</span>  |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |   |   |  |
| Signature<br><i>Buchanan, Emily, ,</i>  |             | [Electronically Filed]   |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |                    |   |   |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |                    | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |                    | New report      Amends report filed on  |   |
| Full Name of Payee<br><b>Headway Workforce Solutions</b> <input type="checkbox"/> Memo Item   |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 01 / 2016</b>  |   |
| Mailing Address <b>421 Fayetteville St #1020</b>  |                    | Amount<br><b>5896.94</b>  |   |
| City<br><b>Raleigh</b>  | State<br><b>NC</b> | Zip Code<br><b>27601</b>  | Transaction ID : <b>SE.6470</b>   |
| Purpose of Expenditure<br>Mileage estimate for Canvassers 10/1-10/26, originally reported as \$9375 as an estimate  |                    | Category/Type<br><b>002</b>   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 01 / 2016</b> |
| Name of Federal Candidate:<br><b>ROSS, DEBORAH K, ,</b>   |                    | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____ |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <b>43971.73</b>   |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____     |   |
| Full Name of Payee<br><b>Headway Workforce Solutions</b> <input type="checkbox"/> Memo Item   |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 01 / 2016</b>  |   |
| Mailing Address <b>421 Fayetteville St #1020</b>  |                    | Amount<br><b>15520.20</b>   |   |
| City<br><b>Raleigh</b>  | State<br><b>NC</b> | Zip Code<br><b>27601</b>  | Transaction ID : <b>SE.6474</b>   |
| Purpose of Expenditure<br>Payroll estimate for canvassers 10/1-10/26, originally estimated as 30843.75  |                    | Category/Type<br><b>001</b>   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 01 / 2016</b> |
| Name of Federal Candidate:<br><b>CLINTON, HILLARY RODHAM, ,</b>   |                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <b>188956.57</b>  |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____     |   |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |                    | <b>21417.14</b>   |   |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |                    |   |   |
| (a) TOTAL Independent Expenditures .....  |                    |   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |                    |   |   |
| Signature<br><i>Buchanan, Emily, ,</i>  |                    | Date<br>MM / DD / YYYY<br><b>10 / 27 / 2016</b>   |   |
| [Electronically Filed]  |                    |   |   |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |  |   |   |  |
|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |  |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b> <input type="checkbox"/> Memo Item   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016              |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Amount<br><span style="border: 1px solid black; padding: 2px;">0.00</span>  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Transaction ID : <b>SE.6475</b>   |   |  |
| Purpose of Expenditure<br>Payroll estimate for canvassers 10/1-10/19  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016                     |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |             |  | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____     |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">188956.57</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b> <input type="checkbox"/> Memo Item   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016              |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Amount<br><span style="border: 1px solid black; padding: 2px;">15520.20</span>  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Transaction ID : <b>SE.6477</b>   |   |  |
| Purpose of Expenditure<br>Payroll estimate for canvassers 10/1-10/26, originally estimated as 30843.75  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016                     |   |  |
| Name of Federal Candidate:<br>STRICKLAND, TED, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |             |  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">40601.10</span>  |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;">15520.20</span>  |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |   |   |  |
| Signature<br><i>Buchanan, Emily, , ,</i>  |             | [Electronically Filed]   |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |                    |   |  |  |  |
|---|--------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |                    |   |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on   |                    |   |  | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>      |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Headway Workforce Solutions</b>   |                    |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>                             |  |  |
| Mailing Address <b>421 Fayetteville St #1020</b>  |                    |   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">1396.88</div>   |  |  |
| City<br><b>Raleigh</b>  | State<br><b>NC</b> | Zip Code<br><b>27601</b>  | <b>Transaction ID : SE.6479</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |  |  |
| Purpose of Expenditure<br>Mileage estimate for canvassers 10/1-10/19, originally reported as \$3750 as an estimate  |                    | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>  |  |  |
| Name of Federal Candidate:<br><b>CLINTON, HILLARY RODHAM, , ,</b>   |                    |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">190353.45</div>  |                    |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ►  |  |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Headway Workforce Solutions</b>   |                    |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>                             |  |  |
| Mailing Address <b>421 Fayetteville St #1020</b>  |                    |   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">1396.88</div>   |  |  |
| City<br><b>Raleigh</b>  | State<br><b>NC</b> | Zip Code<br><b>27601</b>  | <b>Transaction ID : SE.6481</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |  |  |
| Purpose of Expenditure<br>Mileage estimate for canvassers 10/1-10/19, originally reported as \$3750 as an estimate  |                    | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>  |  |  |
| Name of Federal Candidate:<br><b>STRICKLAND, TED, , ,</b>   |                    |   | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>OH</b>  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">41997.98</div>   |                    |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ►  |  |  |
| <b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>  |                    |   | <div style="border: 1px solid black; padding: 2px; text-align: right;">2793.76</div>   |  |  |
| <b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>  |                    |   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>   |  |  |
| <b>(a) TOTAL Independent Expenditures .....</b>   |                    |   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |                    |   |  |  |  |
| Signature <u>Buchanan, Emily, , ,</u>   |                    | [Electronically Filed]  |  | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |        |          |  |  |  |   |        |   |  |  |  |
|---|--------|----------|--|--|--|---|--------|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |        |          |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>  |  |   |        |   |  |  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>   |        |          |  |  |  |   |        |   |  |  |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Headway Workforce Solutions</b>   |        |          |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY<br/>           10 / 01 / 2016         </div> |  |   |        |   |  |  |  |
| Mailing Address 421 Fayetteville St #1020   |        |          |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           392.50         </div>  |  |   |        |   |  |  |  |
| City Raleigh  |        | State NC |  | Zip Code 27601   |  |   |        |   |  |  |  |
| Purpose of Expenditure<br>Payroll for canvassers 10/1-10/26, originally reported as 20133.51 as a projection  |        |          |  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>   |  |   |        |   |  |  |  |
| Name of Federal Candidate:<br>OWENS, H DOUGLAS, , ,   |        |          |  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br><input type="checkbox"/> President <input type="checkbox"/> Senate  |  |   |        |   |  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5741.28</div>  |        |          |  | Office Sought: <input checked="" type="checkbox"/> House District: 04<br><input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶                                      |  |   |        |   |  |  |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Headway Workforce Solutions</b>   |        |          |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY<br/>           10 / 01 / 2016         </div> |  |   |        |   |  |  |  |
| Mailing Address 421 Fayetteville St #1020   |        |          |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           392.50         </div>  |  |   |        |   |  |  |  |
| City Raleigh  |        | State NC |  | Zip Code 27601   |  |   |        |   |  |  |  |
| Purpose of Expenditure<br>Payroll for canvassers 10/1-10/26, originally reported as 20133.51 as a projection  |        |          |  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>   |  |   |        |   |  |  |  |
| Name of Federal Candidate:<br>LOVE, MIA, , ,  |        |          |  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> President <input type="checkbox"/> Senate  |  |   |        |   |  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6133.78</div>  |        |          |  | Office Sought: <input checked="" type="checkbox"/> House District: 04<br><input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶                                      |  |   |        |   |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;">785.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td></td> </tr> </table> |        |          |  |  |  | (a) SUBTOTAL of Itemized Independent Expenditures ..... | 785.00 | (a) SUBTOTAL of Unitemized Independent Expenditures ..... |  | (a) TOTAL Independent Expenditures ..... |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 785.00 |          |  |  |  |   |        |   |  |  |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |        |          |  |  |  |   |        |   |  |  |  |
| (a) TOTAL Independent Expenditures .....  |        |          |  |  |  |   |        |   |  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |        |          |  |  |  |   |        |   |  |  |  |
| Signature <u>Buchanan, Emily, , ,</u>   |        |          |  | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY<br/>           10 / 27 / 2016         </div>   |  |   |        |   |  |  |  |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |  |  |   |  |
|---|-------------|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016   |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">45.95</span>  |   |  |
| Purpose of Expenditure<br>Mileage for canvassers 10/1-10/26, originally reported as \$4687.50 as an estimate  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6497</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016   |   |  |
| Name of Federal Candidate:<br>LOVE, MIA, , ,  |             |  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: 04 State: UT |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6179.73</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016   |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">45.95</span>  |   |  |
| Purpose of Expenditure<br>Mileage for canvassers 10/1-10/26, originally reported as \$4687.50 as an estimate  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6499</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016   |   |  |
| Name of Federal Candidate:<br>OWENS, H DOUGLAS, , ,   |             |  | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: 04 State: UT |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6225.68</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;">91.90</span>  |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| (a) TOTAL Independent Expenditures .....  |             |  | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |  |   |  |
| Signature<br><i>Buchanan, Emily, , ,</i>  |             | [Electronically Filed]   |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |   |   |  |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |   | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 08 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601   | Amount<br><span style="border: 1px solid black; padding: 2px;">4295.63</span>   |   |  |
| Purpose of Expenditure<br>Payroll estimate for canvassers 10/8-10/26  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">001</span> | Transaction ID : <b>SE.6530</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 08 / 2016  |   |  |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |             |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>MO</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4295.63</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |   | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 08 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601   | Amount<br><span style="border: 1px solid black; padding: 2px;">68.10</span>   |   |  |
| Purpose of Expenditure<br>Mileage estimate for canvassers 10/8-10/10  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6533</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 08 / 2016  |   |  |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |             |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>MO</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4363.73</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;">4363.73</span>   |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |   |  |
| Signature <u>Buchanan, Emily, , ,</u><br>_____  |             |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |   |  |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |  |   |  |
|---|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div> |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b>   |             |   |  | New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>                                   |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Headway Workforce Solutions</b>   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 09 / 2016  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601   | <b>Transaction ID : SE.6523</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 09 / 2016  |   |  |
| Purpose of Expenditure<br>Payroll estimate for canvassers   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">001</span> |  |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |   | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">204718.88</span>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |   |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Headway Workforce Solutions</b>   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 09 / 2016  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601   | <b>Transaction ID : SE.6525</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 09 / 2016  |   |  |
| Purpose of Expenditure<br>Mileage estimate for canvassers   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> |  |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |   | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">204718.88</span>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____  |   |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>  |   |  |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| <b>(a) TOTAL</b> Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |  |   |  |
| Signature <u>Buchanan, Emily, , ,</u>   |             | [Electronically Filed]  |  | Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>10 / 27 / 2016   |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 41 OF 51  
 FOR LINE 24 OF FORM 3X

|   |             |  |   |   |  |
|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |  |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">0.00</span>  |   |  |
| Purpose of Expenditure<br>Payroll estimate for canvassers 10/9-10/31  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span> | Transaction ID : SE.6542<br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016   |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">204718.88</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |  | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601  | Amount<br><span style="border: 1px solid black; padding: 2px;">0.00</span>  |   |  |
| Purpose of Expenditure<br>Payroll estimate for canvassers 10/9-10/31  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span> | Transaction ID : SE.6544<br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016   |   |  |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO    |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4363.73</span>   |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;">0.00</span>  |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |   |   |  |
| Buchanan, Emily, , ,<br>Signature   |             | [Electronically Filed]   |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |   |   |  |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |   | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601   | Amount<br><span style="border: 1px solid black; padding: 2px;">4295.63</span>   |   |  |
| Purpose of Expenditure<br>Mileage estimate for canvassers 10/9-10-26  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6546</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016  |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____     |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">209014.51</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b>  |             |   | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address 421 Fayetteville St #1020   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016  |   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601   | Amount<br><span style="border: 1px solid black; padding: 2px;">0.00</span>  |   |  |
| Purpose of Expenditure<br>Mileage estimate for canvassers 10/9-10-31  |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> | Transaction ID : <b>SE.6548</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016  |   |  |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |             |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4363.73</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;">4295.63</span>   |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |   |  |
| Buchanan, Emily, , ,<br>Signature   |             | [Electronically Filed]  |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |   |  |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                       |  |
| Full Name of Payee<br><b>Headway Workforce Solutions</b> <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 31 / 2016          |  |
| Mailing Address 421 Fayetteville St #1020   |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">68.10</span>   |  |
| City<br>Raleigh   | State<br>NC | Zip Code<br>27601   | Transaction ID : <b>SE.6750</b>   |  |
| Purpose of Expenditure<br>Mileage   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;"> </span>   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 09 / 2016                 |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">209082.61</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____     |  |
| Full Name of Payee<br><b>Hilton Garden Inn</b> <input type="checkbox"/> Memo Item   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016          |  |
| Mailing Address 3232 Olentangy Riover Rd  |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">3750.00</span>   |  |
| City<br>Columbus  | State<br>OH | Zip Code<br>43202   | Transaction ID : <b>SE.6488</b>   |  |
| Purpose of Expenditure<br>Lodging expenses for canvassers   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016                 |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">194832.25</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____     |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;">3818.10</span>   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;"> </span>   |  |
| (a) TOTAL Independent Expenditures .....  |             |   | <span style="border: 1px solid black; padding: 2px;"> </span>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |  |
| Signature <u>Buchanan, Emily, , ,</u>   |             |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |  |
| [Electronically Filed]  |             |   |   |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |   |   |  |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |   |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Hilton Garden Inn</b>  |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016              |   |  |
| Mailing Address 3232 Olentangy River Rd   |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">3750.00</span>   |   |  |
| City<br>Columbus  | State<br>OH | Zip Code<br>43202   | Transaction ID : <b>SE.6490</b>   |   |  |
| Purpose of Expenditure<br>Travel Expenses   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016                     |   |  |
| Name of Federal Candidate:<br>STRICKLAND, TED, , ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">46476.78</span>  |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |   |  |
| Full Name of Payee<br><b>Orbitz</b>   |             |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016              |   |  |
| Mailing Address 500 W. Madison St<br>Suite 1000   |             |   | Amount<br><span style="border: 1px solid black; padding: 2px;">1217.20</span>   |   |  |
| City<br>Chicago   | State<br>IL | Zip Code<br>60661   | Transaction ID : <b>SE.6691</b>   |   |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">002</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016                     |   |  |
| Name of Federal Candidate:<br>LEE, MIKE, , ,  |             |   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4361.22</span>   |             |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____         |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;">4967.20</span>   |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| (a) TOTAL Independent Expenditures .....  |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |   |  |
| Signature <u>Buchanan, Emily, , ,</u><br>_____  |             | [Electronically Filed]  |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |             |   |   |   |  |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |             |   |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>                 |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b>   |             |   |   | New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div> |  |
| Full Name of Payee<br><b>Orbitz</b>   |             |   | <input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>                               |   |  |
| Mailing Address    500 W. Madison St<br>Suite 1000  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           1217.20         </div>  |   |  |
| City<br>Chicago   | State<br>IL | Zip Code<br>60661   | <b>Transaction ID : SE.6693</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>   |   |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>  |   |  |
| Name of Federal Candidate:<br>LOVE, MIA, , ,  |             |   | <input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 04<br><input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: UT    |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10586.90</div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶     |   |  |
| Full Name of Payee<br><b>Priceline.com</b>  |             |   | <input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>                               |   |  |
| Mailing Address    800 Conneticut Ave   |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           4853.60         </div>  |   |  |
| City<br>Norwalk   | State<br>CT | Zip Code<br>06854   | <b>Transaction ID : SE.6695</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>   |   |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>  |   |  |
| Name of Federal Candidate:<br>LEE, MIKE, , ,  |             |   | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: UT |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9214.82</div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶      |   |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">6070.80</div>  |   |  |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |   |  |
| <b>(a) TOTAL</b> Independent Expenditures .....   |             |   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |   |   |   |  |
| Signature<br>Buchanan, Emily, , ,   |             | [Electronically Filed]  |   | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>                                 |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |                    |  |   |  |
|---|--------------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |                    |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |                    |  |   |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Priceline.com</b>   |                    |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>                             |  |
| Mailing Address <b>800 Conneticut Ave</b>   |                    |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4853.60</div>  |  |
| City<br><b>Norwalk</b>  | State<br><b>CT</b> | Zip Code<br><b>06854</b>   | <b>Transaction ID : SE.6697</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17, reported estimate   |                    | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>  |  |
| Name of Federal Candidate:<br>LOVE, MIA, , ,  |                    |  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>04</b> State: <b>UT</b>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">15440.50</div>   |                    |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶   |  |
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Southwest Airlines</b>  |                    |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>                             |  |
| Mailing Address <b>2702 Love Field Dr</b>   |                    |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">372.97</div>   |  |
| City<br><b>Dallas</b>   | State<br><b>TX</b> | Zip Code<br><b>75235</b>   | <b>Transaction ID : SE.6701</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17  |                    | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>  |  |
| Name of Federal Candidate:<br>LOVE, MIA, , ,  |                    |  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>04</b> State: <b>UT</b>  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">20347.77</div>   |                    |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶   |  |
| <b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>  |                    |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5226.57</div>  |  |
| <b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>  |                    |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| <b>(a) TOTAL Independent Expenditures .....</b>   |                    |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   |                    |  |   |  |
| Signature <u>Buchanan, Emily, , ,</u>   |                    |  | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>   |  |
| [Electronically Filed]  |                    |  | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |  |                        |  |   |  |
|---|--|------------------------|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |                        |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |  |                        |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>Southwest Airlines</b>   |  |                        | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address<br>2702 Love Field Dr   |  |                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016 |   |  |
| City<br>Dallas  |  | State<br>TX            | Zip Code<br>75235  |   |  |
| Purpose of Expenditure<br>Actual Airfare for canvassing deployment 10/15-10/17  |  |                        | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span>   |   |  |
| Name of Federal Candidate:<br>LEE, MIKE, , ,  |  |                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |                        | <span style="border: 1px solid black; padding: 2px;">14122.10</span>   |   |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate  |  |                        | District: _____ State: <b>UT</b>   |   |  |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  |  |                        | 2016 <input type="checkbox"/> Other (specify) ▶ _____  |   |  |
| Full Name of Payee<br><b>The Lukens Company</b>   |  |                        | <input type="checkbox"/> Memo Item   |   |  |
| Mailing Address<br>2800 Shirlington Rd  |  |                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016 |   |  |
| City<br>Arlington   |  | State<br>VA            | Zip Code<br>22206  |   |  |
| Purpose of Expenditure<br>Mailer  |  |                        | Category/Type<br><span style="border: 1px solid black; padding: 2px;">006</span>   |   |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |  |                        | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |                        | <span style="border: 1px solid black; padding: 2px;">250413.86</span>  |   |  |
| Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate  |  |                        | District: _____ State: _____   |   |  |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  |  |                        | 2016 <input type="checkbox"/> Other (specify) ▶ _____  |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |                        | <span style="border: 1px solid black; padding: 2px;">20062.05</span>   |   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |  |                        | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| (a) TOTAL Independent Expenditures .....  |  |                        | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                        |  |   |  |
| Signature<br><br><i>Buchanan, Emily, , ,</i>  |  | [Electronically Filed] |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |   |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |  |   |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>  |  |
| Full Name of Payee<br><b>The Lukens Company</b>   |  |   | <input type="checkbox"/> Memo Item  |  |  |
| Mailing Address 2800 Shirlington Rd   |  |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016  |  |  |
| City<br>Arlington   |  | State<br>VA   | Zip Code<br>22206   |  | Amount<br><span style="border: 1px solid black; padding: 2px;">19689.08</span> |
| Purpose of Expenditure<br>Mailer  |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">006</span> |   | Transaction ID : <b>SE.6637</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016 |  |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |  |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>MO</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">44944.98</span>  |  |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |  |  |
| Full Name of Payee<br><b>The Mail Haus</b>  |  |   | <input type="checkbox"/> Memo Item  |  |  |
| Mailing Address 1745 Suburban Drive   |  |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016  |  |  |
| City<br>De Pere   |  | State<br>WI   | Zip Code<br>54115   |  | Amount<br><span style="border: 1px solid black; padding: 2px;">17810.92</span> |
| Purpose of Expenditure<br>Postage for Mailer  |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">006</span> |   | Transaction ID : <b>SE.6628</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016 |  |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |  |   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____<br>State: _____                                    |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">230724.78</span>   |  |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____   |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |   |   | <span style="border: 1px solid black; padding: 2px;">37500.00</span>   |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |  |   |   | <span style="border: 1px solid black; padding: 2px;"></span>   |  |
| (a) TOTAL Independent Expenditures .....  |  |   |   | <span style="border: 1px solid black; padding: 2px;"></span>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |   |  |  |
| Signature <u>Buchanan, Emily, , ,</u><br>_____  |  |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |  |  |

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|   |  |             |   |   |  |
|---|--|-------------|---|---|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>   |  |             |   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |  |             |   | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |
| Full Name of Payee<br><b>The Mail Haus</b>  |  |             | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address<br>1745 Suburban Drive  |  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016  |   |  |
| City<br>De Pere   |  | State<br>WI | Zip Code<br>54115   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">17810.92</span>   |
| Purpose of Expenditure<br>Postage for mailer  |  |             | Category/Type<br>006  |   | Transaction ID : <b>SE.6633</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 17 / 2016 |
| Name of Federal Candidate:<br>KANDER, JASON, , ,  |  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: <b>MO</b> |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |             | <span style="border: 1px solid black; padding: 2px;">25255.90</span><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                        |   |  |
| Full Name of Payee<br><b>Thrifty Car Rental</b>   |  |             | <input type="checkbox"/> Memo Item  |   |  |
| Mailing Address<br>1534 Sunset Blvd   |  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016  |   |  |
| City<br>Steubenville  |  | State<br>OH | Zip Code<br>43952   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">728.80</span>   |
| Purpose of Expenditure<br>Car rental expenses for canvassers, originally estimated for \$1875   |  |             | Category/Type<br>002  |   | Transaction ID : <b>SE.6483</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016 |
| Name of Federal Candidate:<br>CLINTON, HILLARY RODHAM, , ,  |  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____<br>State: _____                                    |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |             | <span style="border: 1px solid black; padding: 2px;">191082.25</span><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                       |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  |             |   | <span style="border: 1px solid black; padding: 2px;">18539.72</span>  |  |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....   |  |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |  |
| (a) TOTAL Independent Expenditures .....  |  |             |   | <span style="border: 1px solid black; padding: 2px;"></span>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |             |   |   |  |
| Buchanan, Emily, , ,<br>Signature   |  |             | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016  |   |  |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|  |  |                          |  |  |  |
|--|--|--------------------------|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>  |  |                          |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report   |  |                          |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>  |  |
| Full Name of Payee<br><b>Thrifty Car Rental</b>  |  |                          | <input type="checkbox"/> Memo Item   |  |  |
| Mailing Address 1534 Sunset Blvd   |  |                          | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016 |  |  |
| City<br>Steubenville   |  | State<br>OH              | Amount<br><span style="border: 1px solid black; padding: 2px;">728.80</span>   |  |  |
| Zip Code<br>43952  |  | Transaction ID : SE.6486 |  |  |  |
| Purpose of Expenditure<br>Car rental expenses for canvassers, originally estimated for \$1875  |  |                          | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2016        |  |  |
| Category/Type<br>002   |  |                          |  |  |  |
| Name of Federal Candidate:<br>STRICKLAND, TED, , ,   |  |                          |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate   |  |                          |  | District: _____ State: OH  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought  |  |                          |  | <span style="border: 1px solid black; padding: 2px;">42726.78</span><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |
| Full Name of Payee<br><b>Town Place Suites</b>   |  |                          | <input type="checkbox"/> Memo Item   |  |  |
| Mailing Address 573 High Market Drive  |  |                          | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016 |  |  |
| City<br>West Valley City   |  | State<br>UT              | Amount<br><span style="border: 1px solid black; padding: 2px;">4534.31</span>  |  |  |
| Zip Code<br>84120  |  | Transaction ID : SE.6698 |  |  |  |
| Purpose of Expenditure<br>Actual Lodging for canvassing deployment 10/15-10/17, reported estimate  |  |                          | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016        |  |  |
| Category/Type<br>002   |  |                          |  |  |  |
| Name of Federal Candidate:<br>LEE, MIKE, , ,   |  |                          |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate   |  |                          |  | District: _____ State: UT  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought  |  |                          |  | <span style="border: 1px solid black; padding: 2px;">13749.13</span><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures .....</p> <p>(a) TOTAL Independent Expenditures .....</p> </div> <div style="text-align: right;"> <span style="border: 1px solid black; padding: 2px;">5263.11</span><br/> <span style="border: 1px solid black; padding: 2px;"></span><br/> <span style="border: 1px solid black; padding: 2px;"></span> </div> </div> |  |                          |  |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |  |                          |  |  |  |
| Signature <u>Buchanan, Emily, , ,</u>  |  |                          |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016   |  |
| [Electronically Filed]   |  |                          |  |  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 51 OF 51  
 FOR LINE 24 OF FORM 3X

|  |   |  |   |  |   |   |   |  |  |   |
|--|---|--|---|--|---|---|---|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>  |   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766   |  |   |   |   |  |  |   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report   |   |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>   |  |   |   |   |  |  |   |
| Full Name of Payee<br><b>Town Place Suites</b>   |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016 |   |  |   |   |   |  |  |   |
| Mailing Address<br>573 High Market Drive   |   | Amount<br><span style="border: 1px solid black; padding: 2px;">4534.30</span>  |   |  |   |   |   |  |  |   |
| City<br>West Valley City   | State<br>UT   | Zip Code<br>84120  | Transaction ID : <b>SE.6700</b>   |  |   |   |   |  |  |   |
| Purpose of Expenditure<br>Actual Lodging for canvassing deployment 10/15-10/17, reported estimate  |   | Category/Type<br><span style="border: 1px solid black; padding: 2px;">002</span>   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 15 / 2016                         |  |   |   |   |  |  |   |
| Name of Federal Candidate:<br>LOVE, MIA, , ,   |   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> |  |   |   |   |  |  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought  |   | <span style="border: 1px solid black; padding: 2px;">19974.80</span>   |   |  |   |   |   |  |  |   |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General   |   | 2016 <input type="checkbox"/> Other (specify) ▶  |   |  |   |   |   |  |  |   |
| Full Name of Payee   |   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                   |   |  |   |   |   |  |  |   |
| Mailing Address  |   | Amount<br><span style="border: 1px solid black; padding: 2px;"></span>   |   |  |   |   |   |  |  |   |
| City   | State   | Zip Code   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>   |  |   |   |   |  |  |   |
| Purpose of Expenditure   |   | Category/Type<br><span style="border: 1px solid black; padding: 2px;"></span>  |   |  |   |   |   |  |  |   |
| Name of Federal Candidate:   |   | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                    |  |   |   |   |  |  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought  |   | <span style="border: 1px solid black; padding: 2px;"></span>   |   |  |   |   |   |  |  |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |   | 2016 <input type="checkbox"/> Other (specify) ▶  |   |  |   |   |   |  |  |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;"><span style="border: 1px solid black; padding: 2px;">4534.30</span></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;"></span></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">394061.43</span></td> </tr> </table> |   |  |   |  | (a) SUBTOTAL of Itemized Independent Expenditures ..... | <span style="border: 1px solid black; padding: 2px;">4534.30</span> | (a) SUBTOTAL of Unitemized Independent Expenditures ..... | <span style="border: 1px solid black; padding: 2px;"></span> | (a) TOTAL Independent Expenditures ..... | <span style="border: 1px solid black; padding: 2px;">394061.43</span> |
| (a) SUBTOTAL of Itemized Independent Expenditures .....  | <span style="border: 1px solid black; padding: 2px;">4534.30</span>   |  |   |  |   |   |   |  |  |   |
| (a) SUBTOTAL of Unitemized Independent Expenditures .....  | <span style="border: 1px solid black; padding: 2px;"></span>          |  |   |  |   |   |   |  |  |   |
| (a) TOTAL Independent Expenditures .....   | <span style="border: 1px solid black; padding: 2px;">394061.43</span> |  |   |  |   |   |   |  |  |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  |   |  |   |  |   |   |   |  |  |   |
| Signature <u>Buchanan, Emily, , ,</u>  |   | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 27 / 2016   |   |  |   |   |   |  |  |   |
| [Electronically Filed]   |   |  |   |  |   |   |   |  |  |   |